



2019 Updates in Primary Care Consumer Preferences

11 surprising results from our new Primary Care Consumer Survey

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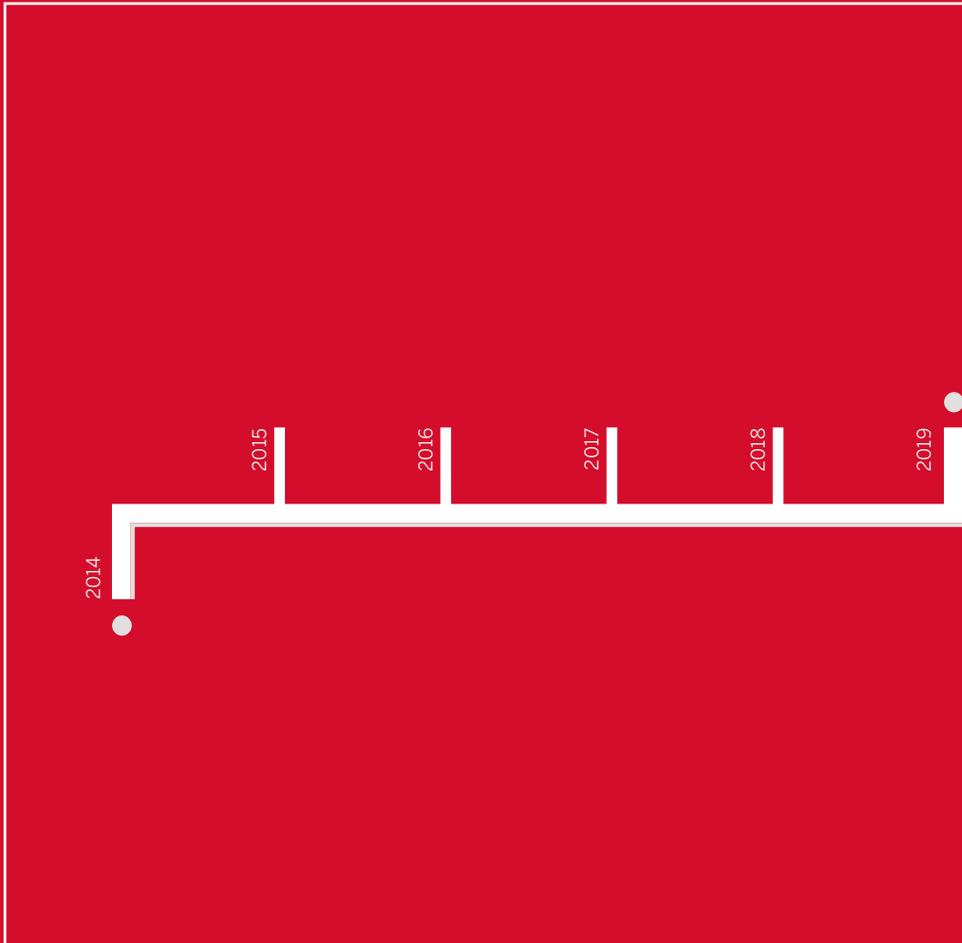
Strategic planners, marketers,
and service line leaders



Our 2014 survey of primary care consumers told us that **on-demand access and convenience** were most important.

In the five years since, the health care industry responded to that mandate. Stiff competition has spurred urgent care centers, retail clinics, and primary care practices to improve access and convenience.

The industry has changed.



Have consumers changed too?

To find out, we revisited the question of “**what do consumers want from primary care?**” five years later.

In **2014**, we asked respondents to prioritize what was most important to them for basic urgent care by making trade-offs between 56 clinic attributes. (This is known as MaxDiff methodology.)

In **2019**, we used the same methodology, but this time, we tested two primary care scenarios. Our respondents were asked to imagine they either:

1. Had a **basic urgent care** need, and their regular primary care provider (if they have one) wasn't available.

We defined this as the type of care an individual receives for low-severity episodes such as a fever, sore throat, rash, or minor sprain. We tested 32 attributes in this survey.

OR

2. Needed to choose a new clinic for **routine primary care**.

We defined this as ongoing primary care, including prescription refills, vaccinations, medications management, or chronic condition checkups. We tested 40 attributes in this survey.

Additionally, in 2019, we reduced the number of attributes we tested in each scenario, expanded our survey questions, and tweaked the options to reflect the changes our researchers have observed in the primary care landscape.

How did we define a primary care clinic?

We told respondents a primary care clinic could include a doctor's office, retail care clinic (ex. CVS MinuteClinic, Walgreens Healthcare Clinic, Clinic at Walmart), urgent care center, or an online visit where the patient speaks with a doctor using webcam or email.

What is MaxDiff methodology?

We used MaxDiff methodology, or best-worse scaling, to identify consumers' preferences for primary care. Respondents were shown multiple screens of five attributes, from which they chose the most important and least important attribute. Each attribute was presented multiple times, resulting in a ranked list of utility scores indicating the relative value of each attribute.

What's a utility score?

Utility scores are a measure of importance. They show us which MaxDiff attributes were most important, and how much more important they were to respondents than another attributes. Utilities are probabilities (ranging from 0 to 100) that reflect the likelihood that an item would be selected as "best" among a representative set of items in the MaxDiff questionnaire. This data reflects a ratio-quality scale. The utilities are then averaged across the respondent pool to calculate average utilities.

The following pages illustrate how consumer preferences have changed between 2014 and 2019 to help providers understand how to win primary care consumers **today**.

11 comparisons between consumer preferences in 2014 and 2019

What's new in 2019?

1. Seeing a physician (versus an APP) made the top ten.
2. Immediate access has become even more important.
3. One in five patients uses an alternative site as their main source of primary care.
4. Even primary care office traditionalists use alternative sites for on-demand care.
5. Wearables, biometric scans, and genetic tests—consumers don't care, yet.
6. Hospital brands beat Amazon—for now.
7. Consumers aren't looking for one-stop shops.
8. Primary care patients are less loyal today than they were five years ago.

What hasn't changed since 2014?

9. Virtual visits and digital differentiators haven't grown much in importance.
10. Acceptance of urgent care centers has increased; but that's not true for retail clinics.
11. Up-front, low prices are still just tiebreakers.

Appendix

A direct comparison between the top 15 attributes in 2014 and 2019.



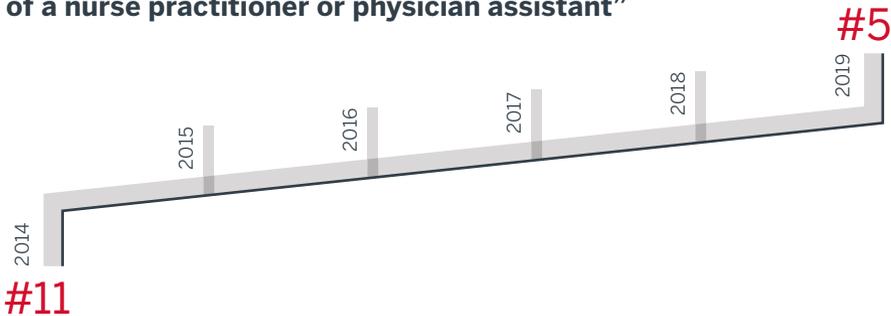
2019

What's new in 2019?

Seeing a physician (versus an APP) made the top ten.

In 2019, respondents ranked seeing a physician instead of an advanced practitioner as #5 for basic urgent care, and #6 when choosing a new primary care clinic. Comparatively, in 2014, being seen by a doctor was ranked all the way down at #11. This represents one of the largest and most impactful changes in consumer preferences that we observed over the past five years.

Change over time of “I will be treated by a doctor instead of a nurse practitioner or physician assistant”



This jump in importance surprised us, given the growing prevalence, autonomy, and assumed acceptance of advance practice providers (APPs). While our survey didn’t test the reasons behind patient preferences, we hypothesize that this could represent frustration with the care team model or a misunderstanding of the role of APPs.

But while consumers prefer to see physicians, our respondents still expressed a willingness to see other types of practitioners:

<p>59% of consumers would “probably” or “definitely” consider seeing a nurse practitioner (NP)...</p>	<p>...58% a physician assistant (PA), and...</p>	<p>...35% a pharmacist.</p>
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Among consumers who indicated they would “probably” or “definitely” consider using an alternative care site for their next basic urgent care need, willingness to see an APP or pharmacist was even higher.

Immediate access has become even more important.

“I can walk in without an appointment and be guaranteed to be seen within 30 minutes” was the #1 attribute in both 2014 and 2019. What’s more, the importance of immediate access **relative to other factors** has increased over the past five years:

In 2014... (n=3,873)

In 2019... (n=1,501)

“I can walk in without an appointment and be guaranteed to be seen within 30 minutes” ranked **#1** (out of 56 attributes) with a utility score that was **2.3x** more important than the average attribute.

“I can walk in without an appointment and be guaranteed to be seen within 30 minutes” ranked **#1** (out of 32 attributes) with a utility score that was **5x** more important than the average attribute.

Three of the top seven attributes were related to on-demand access.

Five of the top seven attributes were related to on-demand access.

The seven on-demand attributes we tested garnered **19.3%** of respondents’ utility scores.

The seven on-demand attributes we tested garnered **45.3%** of respondents’ utility scores.

“The clinic is open 24/7” ranked **#5**.

“The clinic is open 24/7” ranked **#6**.

“I can get an appointment for later today” ranked **#6**.

“I can get an appointment for later today” ranked **#4**.

“I can walk in without an appointment, but I will have to wait one hour” ranked **#39**.

“I can walk in without an appointment and be guaranteed to be seen within an hour” ranked **#2**.



We changed the wording about a 60-minute wait slightly between surveys. In 2014, we tested, “I can walk in without an appointment, but I will have to wait one hour,” whereas in 2019, we tested a guaranteed appointment within an hour. The difference was substantial: the attribute ranked #39 in 2014 and #2 in 2019.

This reinforces that the importance of on-demand access has increased in the last few years. But it also suggests that how a wait is messaged—both in a survey and in your marketing materials—can have a significant impact on consumer preference.

One in five patients uses an alternative site as their main source of primary care.

Consumers are also showing their desire for on-demand access through their actions: patients are increasingly treating walk-in alternative sites, including urgent care centers and retail care clinics, as their main primary care office. In fact, while the traditional clinic or OB/GYN office is still the most popular site for primary care services, 18.3% of consumers report using an alternative site of care as their main source of primary care.¹



18.3%

of consumers report using an alternative site of care as their main source of primary care.

We expect this trend will continue to grow.² An important factor in our reasoning is that 51% of respondents ages 18–29 say the regular place they go for primary care is an urgent care center, retail clinic, virtual visit platform, or concierge care practice—not a traditional primary care office. And this utilization is inversely correlated with age, with each generation relying on alternative sites more than the generation ahead of it. Thus, younger generations' adoption of alternative care sites is likely to continue as millennials³ age into more care needs and Gen Z⁴ ages out of pediatrics.

51%

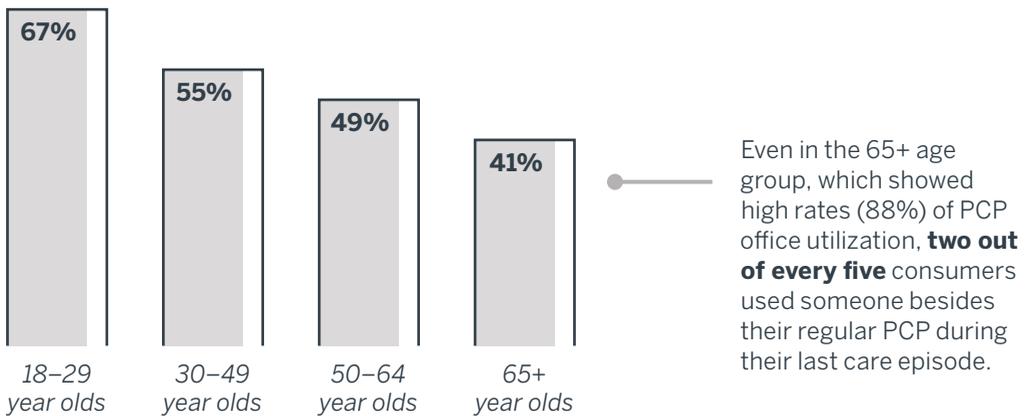
of respondents ages 18–29 say the regular place they go for primary care is an urgent care center, retail clinic, virtual visit platform, or concierge care practice.

1. In the survey, we defined the main source of primary care as: a regular place that you go to for most of your primary care needs (ex. treatment when you're sick, preventive care like vaccines, annual wellness exams, care for non-critical issues like a rash or sprain).
2. We did not ask this exact same question in the 2014 survey because our research suggested this consumer behavior was in its early infancy at the time.
3. Millennials were born between 1981 and 1996 and are ages 23–38 in 2019.
4. Gen Z was born between 1997 and 2015 and are ages 4–22 in 2019.

Even primary care office traditionalists use alternative sites for on-demand care.

It's not just a subset of the population that's bought into alternative care sites. The last time they needed basic urgent care, **46%** of respondents who have a regular primary care physician¹(PCP) used someone outside of their PCP's office.

Percentage of consumers who used someone besides their PCP last time they needed basic urgent care (n=3,000)



About a third of respondents who told us they used a primary care office for most of their care (“traditionalists”) didn't even bother to request an appointment with their PCP last time they needed basic urgent care.

1. n=1,589 respondents who have a regular place they go for primary care.

30%

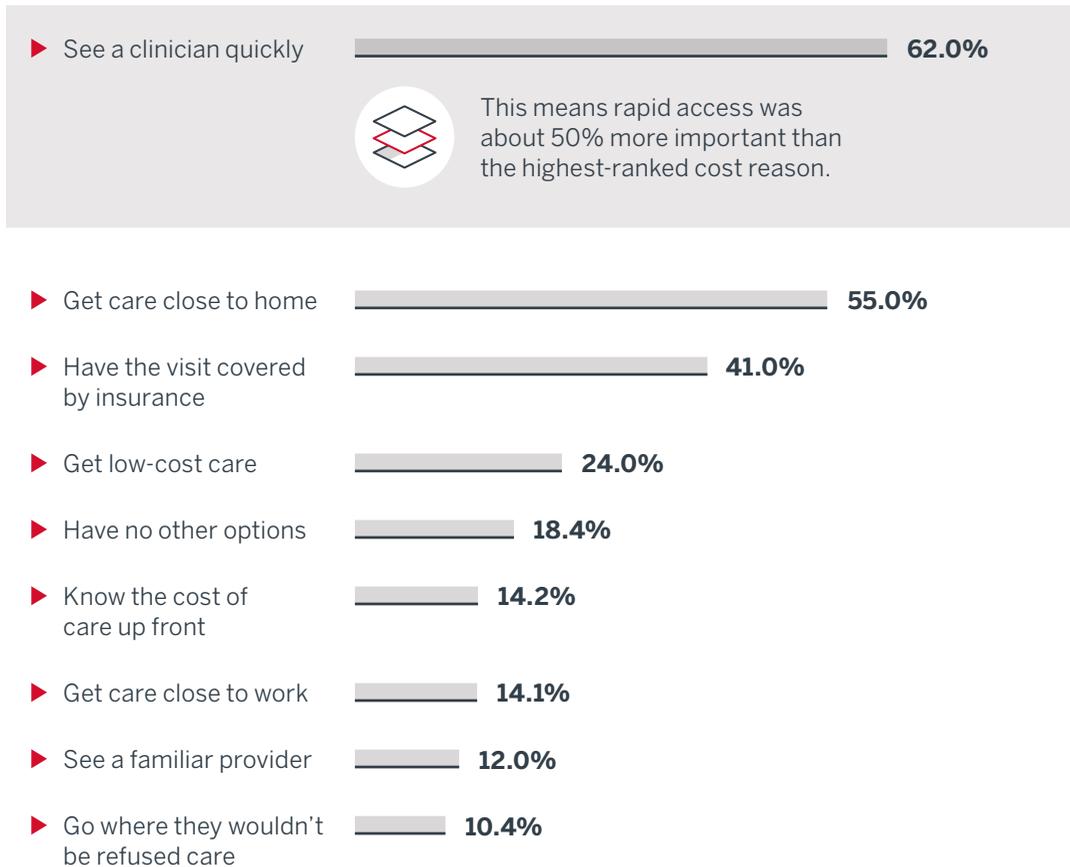
of traditionalists did not even attempt to contact their normal primary care provider's office the last time they needed basic urgent care.

12%

of traditionalists contacted their regular office but were unable to get an appointment as quickly as they needed.

Top reasons for choosing nontraditional care sites (n=948)

Percentage of respondents who ranked option as one of their top three decision drivers¹

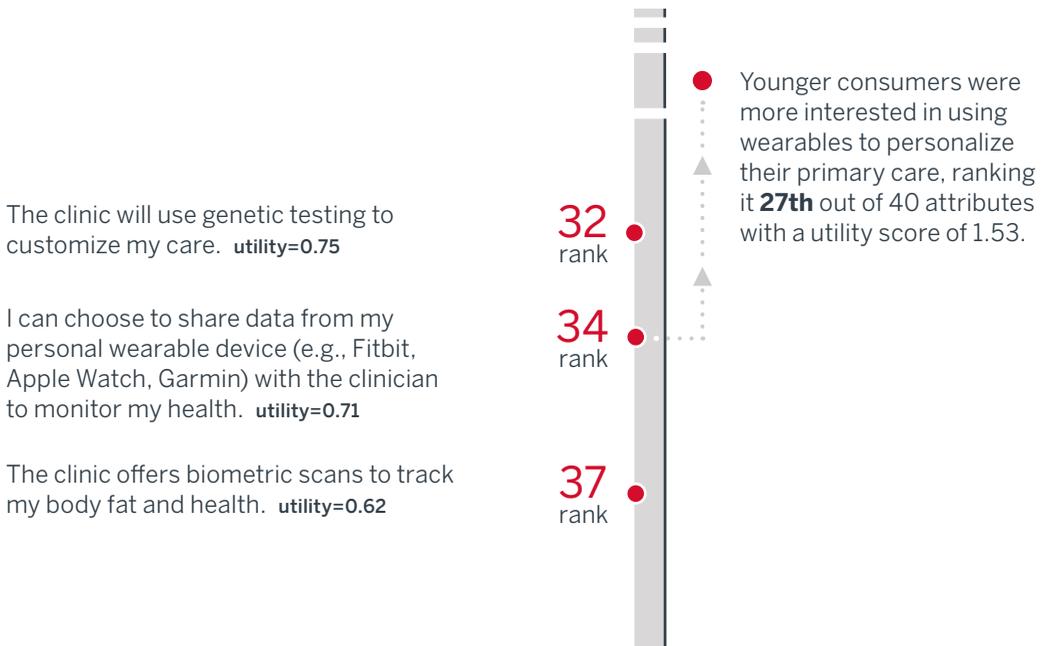


1. Total does not sum to 100% because respondents could choose up to three reasons.

Wearables, biometric scans, and genetic tests—consumers don’t care, yet.

Highly personalized care has emerged as a primary care differentiator over the past several years, with some clinics betting on biometric scans and genetic testing to help them compete for patients. Our survey shows, though, that most consumers aren’t ready to base their care decisions on the availability of this new technology. We tested three new offerings we’ve seen select primary care offices using to promote better customized care experiences, and average utilities ranked low.

Ranking of personalized care attributes for routine primary care (n=1,499; out of 40 clinic attributes)



Overall, consumers do not consider personalized care options like wearables, biometric scans, or genetic tests as a key factor in choosing primary care. Instead, improving your clinics’ care coordination and ease of access will help you win more patients.

Hospital brands beat Amazon—for now.

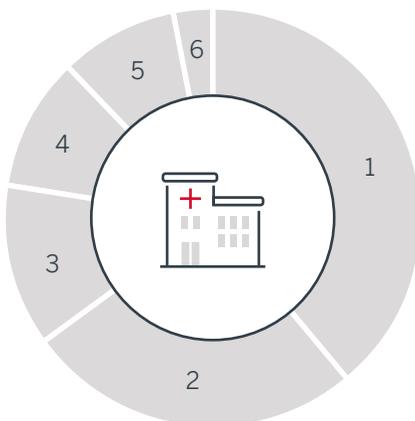
Despite recent news on new market entrants, the vast majority of consumers are not interested in using clinics with popular name-brand affiliations.

Out of five clinic affiliation options, only 7% of respondents indicated they would choose a clinic affiliated with a popular brand like Amazon or Apple as their first or second choice. Sixty-two percent ranked it as one of their bottom two choices. Comparatively, 39% ranked a clinic affiliated with a hospital or health system that they've used before as their #1 preference.

Concierge clinics may see more of a threat from a new offering operated by a popular consumer brand than other clinics. Respondents who reported using concierge care as their main source of primary care were significantly more interested in this type of affiliation—they ranked it as their first or second choice three times as frequently as the general population.

Respondents' top preferences for different clinic affiliations (n=3,000)

Percentage of respondents ranking each option #1 (most preferred)



- 1 **39.1%** A clinic that partners with a hospital or medical group I've used before
- 2 **26.0%** I don't care about a clinic's affiliation
- 3 **12.4%** A clinic that partners with a university hospital
- 4 **10.4%** A clinic that is completely independent
- 5 **9.2%** Insurance company-sponsored clinic
- 6 **3.1%** A popular brand name clinic (like Apple or Amazon)

Consumers aren't looking for one-stop shops.

While consumers placed high value on having on-site lab and X-ray access—the attribute ranked third highest overall—other ancillary services and types of care ranked much lower when choosing a new primary care office.

Overall, this suggests that consumers are not looking for a true one-stop shop for all their health- and wellness-related needs.

Relative importance of co-located, complementary services when choosing routine primary care (n=1,499; out of 40 clinic attributes)

rank

- #3** If I need lab tests or X-rays, I can get them done at the clinic instead of another location. **utility=8.31**
- #18** If I need a prescription, I can get it filled at the clinic instead of another location. **utility=1.82**



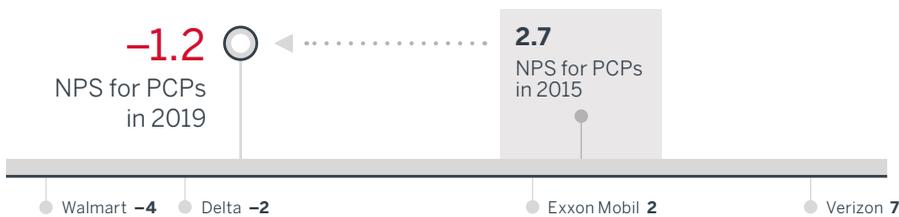
The above attribute ranked #9 in 2014, and fell to the bottom of the second quartile for both basic urgent care (ranked #14 out of 32) and ongoing primary care (ranked #18 out of 40) in 2019. The rise in prescription mail delivery services may be contributing to this shift. For basic urgent care, this means urgent care clinics, which generally offer on-site labs and X-rays, could have a competitive advantage over retail clinics, which don't have X-rays but do often offer on-site pharmacies.

- #28** I can submit an email about my symptoms, and someone will email me back with a treatment plan. **utility=1.00**
- #29** The clinic offers optometry or ophthalmology services for eye health. **utility=0.94**
- #35** The clinic has a registered dietitian for nutrition or weight concerns. **utility=0.70**
- #38** The clinic offers mental health and/or substance abuse support. **utility=0.60**
- #39** The clinic has a dentist. **utility=0.42**

Primary care patients are less loyal today than five years ago.

In our new survey, the Net Promoter Score (NPS) for primary care providers was -1.21, nearly four points lower than in 2015.¹ This puts primary care providers in the company of brands including Walmart and Delta Airlines, and behind Verizon and Exxon Mobil.

Shifts in PCP Loyalty, 2015 versus 2019^{2,3}



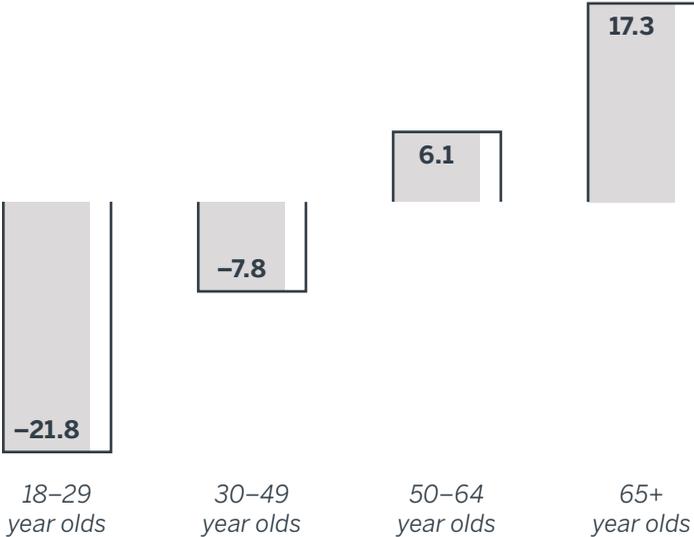
Consumer loyalty to primary care providers has declined by other measures as well. In 2015, 53% of respondents said they would definitely stay with their provider over the next year. In 2019, that percentage decreased to 40%. In fact, in the 2019 survey, more respondents said they probably or definitely **would not** stay with their provider over the next 12 months (45%) than said they definitely **would** (40%).

1. We last collected loyalty data in our 2015 Primary Care Physician Consumer Loyalty Survey.
 2. All NPS values are reflective of their 2019 position with the exception of the 2015 2.7 PCP loyalty score.
 3. Net Promoter Score benchmarks for Fortune 500 Companies," Customer Guru (2019).

Is loyalty related to age?

Yes. There was a nearly perfect linear relationship between loyalty and age. The 65+ population boasted the highest NPS, and the youngest respondents showed the least loyalty of the age cohorts.

2019 NPS by age (n=3,000)





2014

***What hasn't
changed
since 2014?***

Virtual visits and digital differentiators haven't grown much in importance.

Telehealth has grown both in prevalence (over a third of primary care offices now offer virtual visits¹) and volumes (commercial telehealth claims grew 261% between 2014 and 2017²). Thus, we were surprised that virtual visits haven't become a higher priority for respondents over the past five years. In fact, no virtual visits or digital differentiators, like online scheduling and bill pay, moved up much in rankings.

There was some shuffling among which digital services were most popular. For instance, online access to lab test results was the highest ranked digital differentiator in 2014, but it was beaten out by asynchronous virtual visits and online scheduling in 2019.

Even still, no virtual access or digital offerings cracked the top half of consumer priorities in 2019. Despite the industry's investment in telehealth, primary care consumers continue to value on-demand clinic access and care coordination over virtual visits and other digital differentiators.



How did digital differentiators stack up for ongoing primary care?

Digital connectedness was also not a top decision driver when choosing a new PCP. However, digital offerings ranked slightly higher for ongoing primary care than basic urgent care. The top two digital attributes for ongoing primary care were:

- Online access to lab test results (#14 out of 40)
- The ability to “text the clinic with my symptoms to get a recommendation on whether to seek care and, if so, where to go” (#16 out of 40)

No other digital offerings, including virtual access and online scheduling and bill pay, made the top 50% of attributes.

1. “2018 U.S. Telemedicine Industry Benchmarking Survey,” *InTouch* (2018).

2. Barnett M, “Trends in Telemedicine Use in a Large, Commercially Insured Population, 2005–2017,” *JAMA* (2018).

Consumer preferences for virtual access and digital differentiators for basic urgent care

	<i>In 2014...</i> (n=3,873)	<i>In 2019...</i> (n=1,501)
1st quartile	Ranks 1–13 None	Ranks 1–8 None
2nd quartile	Ranks 14–27 <ul style="list-style-type: none"> I can view my lab test results and health records online. (#23) 	Ranks 9–15 None
3rd quartile	Ranks 28–41 <ul style="list-style-type: none"> If I have more questions after the visit, I can email the provider. (#28) I can schedule an appointment online or on a mobile app. (#30) I can submit an email about my symptoms and someone will email me back with a treatment plan. (#38) I can pay my bill online. (#41) 	Ranks 16–23 <ul style="list-style-type: none"> I can submit an email about my symptoms and someone will email me back with a treatment plan. (#20) I can schedule an appointment online or on a mobile app. (#22) I can view my lab test results and health records online. (#23)
4th quartile	Ranks 42–56 <ul style="list-style-type: none"> A clinician can diagnose and treat me via webcam if I don't want to come to the clinic. (#45) 	Ranks 24–32 <ul style="list-style-type: none"> A clinician can diagnose and treat me via webcam if I don't want to come to the clinic. (#25) If I have more questions after the visit, I can email the provider. (#27) I can pay my bill online. (#31)

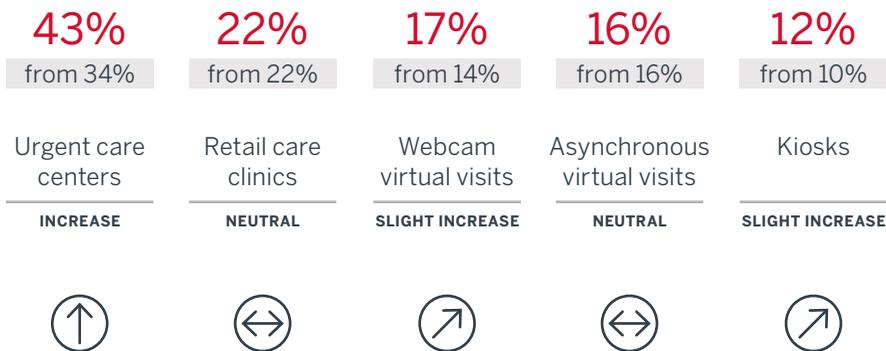
Acceptance of urgent care centers has increased; but that’s not true for retail clinics.

Acceptance of urgent cares increased substantially, with 43% of 2019 respondents—up from 34% in 2014—reporting they would probably or definitely consider using one for basic urgent care (“for a fever, sore throat, rash, minor sprain, etc.”).

No other alternative care site gained much traction in the last five years, though. Even with an estimated 3,000 sites¹ across the U.S. and operating chains expanding their offerings, retail clinics maintained their same level of acceptance and were the second most widely accepted alternative care site. Webcam virtual visits experienced a slight increase in acceptance, while asynchronous virtual visits² remained consistent.

Respondents’ shift in willingness to use alternative primary care options from 2014 to 2019 (n=3,000)

Top two box scores (“probably” or “definitely would consider using”)



1. Statista Research Department (2019). “Number of retail clinics in the United States from 2008 to 2018.”

2. In the survey, we defined asynchronous virtual visits as a “virtual visit via secure message or form.”

Up-front, low prices are still just tiebreakers.

The national spotlight is shining on health care costs and transparency. Deductibles and cost sharing have grown, a policy to address surprise medical bills has received bipartisan support, and price transparency tools and policies proliferate.

Even still, primary care prices do not appear to be top of mind for patients. In our 2019 survey, low prices and price transparency remained mid-level priorities for consumers seeking basic urgent care.

2014 (56 attributes)

2019 (32 attributes)



Price transparency

“I will know the exact price before the visit.”

#14 (top of second quartile)

“I can get a price estimate before the visit, but my final bill may be more or less.”

#37 (middle of third quartile)

“Before my visit, I can get a personalized price estimate that takes my insurance into account.”

#15 (middle of second quartile)



Low cost

“The visit will cost me \$20.”

#13 (bottom of first quartile)

“The visit will cost me \$50.”

#44 (bottom of fourth quartile)

“The clinic charges me less than other options in my area.”

#13 (top of second quartile)



These results suggest that most consumers rely on prices as more of a tiebreaker than a decision driver in primary care. From a consumer standpoint, optimizing your access strategy is, for now, more important than perfecting your pricing and price transparency strategies for primary care.



Appendix

What fell out of the 2014 top quartile clinic attributes over the past five years or was removed from the survey?

Attribute	Ranking ¹ in		Change in ranking	Notes
	2014	2019		
I can walk in without an appointment, and I'm guaranteed to be seen within 30 minutes.	1	1	None	
If I need lab tests or X-rays, I can get them done at the clinic instead of going to another location.	2	3	● 1 Still in top quartile	In 2019, "I can walk in without an appointment and be guaranteed to be seen within an hour" ranked second.
The provider is in-network for my insurer.	3	—	—	Our other surveys over the last five years have suggested that in-network status is prerequisite to a care site being considered. So in 2019, we told respondents to assume that all the options they were deciding between were in-network for their insurance, if they had insurance.
The visit will be free.	4	—	—	Although it can be helpful to test this to see what, if anything, is more important than paying nothing, we cut this attribute in 2019 to be more reflective of a realistic care decision a consumer might face.
The clinic is open 24 hours a day, 7 days a week.	5	6	● 1 Still in top quartile	In 2019, "I will be treated by a doctor instead of a nurse practitioner or physician assistant" ranked #5.
I can get an appointment for later today.	6	4	⊕ 2 Still in top quartile	
The provider explains possible causes of my illness and helps me plan ways to stay healthy in the future.	7	9	● 2 Fell to second quartile	In 2019, "The clinic is open on weekends" ranked #7. Weekend access was #17 in 2014.
Each time I visit the clinic, the same provider will treat me.	8	—	—	We did not test this attribute in 2019 because we separated basic urgent care from routine primary care across two MaxDiff analyses. In 2014, we asked respondents to focus only on choosing a provider for an episodic care need.

1. 2014 ranking was out of 56 attributes. 2019 ranking for basic urgent care had 40 attributes.

Attribute	Ranking in		Change in ranking	Notes
	2014	2019		
If I need a prescription, I can get it filled at the clinic instead of going to another location.	9	14	● 5 Fell to second quartile	
The clinic is located near my home.	10	10	None Fell to second quartile	In 2019, we tested "It will take me 10 minutes or less to travel to the clinic," which ranked 10th in 2019.
I will be treated by a doctor instead of a nurse practitioner or physician assistant.	11	5	⊕ 6 Still in top quartile	In 2019, "The clinic is open on weekday evenings" ranked #11.
The clinic has the latest, cutting-edge technology.	12	16	● 4 Fell to third quartile	In 2019, "The clinic has the highest patient satisfaction scores of the options" ranked 12th. A similar attribute ranked 25th in 2014.
The visit will cost me \$20.	13	13	None Fell to second quartile	In 2019, we tested "The clinic charges me less than other options in my area," which ranked 13th.
I will know the exact price before the visit.	14	15	● 1 Fell to second quartile	In 2019, we tested "Before my visit, I can get a personalized price estimate that takes my insurance into account." This change was made to more realistically reflect a care decision a consumer might face.
The clinic will share the record from my visit with my other doctors.	15	8	⊕ 7 Moved to first quartile	In 2019, we tested "The clinic staff will coordinate any follow-up care I need, like scheduling appointments with specialists and sending them my health record." This reflects the change we've observed in what is now required to have a competitive advantage in care coordination.

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